

South Carolina Department of Social Services
Child Care Licensing and Regulatory Services
APPLICATION TO OPERATE A CHILD CARE FACILITY

I CERTIFY that I understand that I am prohibited by law from applying for a child care license or registration if I have been convicted of a crime listed in the South Carolina Code of Laws, Chapter 3 of Title 16 (Offenses Against the Person), the crime of contributing to the delinquency of a minor (contained in Section 16-17-490), the felonies classified in Section 16-1-10(A), the offenses enumerated in Section 16-1-10(D), or a criminal offense similar in nature to the crimes listed above in other jurisdictions or under federal law. A person who has been convicted of a crime enumerated in Subsection A of South Carolina Code Section 20-7-2725 who applies for employment with, is employed by, or seeks to provide caregiver services in, or is a caregiver at such facility is guilty of a misdemeanor and upon conviction must be fined not more than five thousand dollars or imprisoned not more than one year, or both.

Initial: _____ Date: _____

Section 1A: Provider Information (All questions must be completed for the facility.)	
Name of Facility:	Name of Owner:
Name of Director:	Owner's Social Security No. <u>and</u> Facility FEIN No.:
Facility Street Address:	Mailing Address:
County/City/State/Zip:	County/City/State/Zip:
Telephone: _____ Fax: _____	Payment Address:
E-Mail: _____	County/City/State/Zip:

Type of Care Applying For:

- | | | |
|--|---|--|
| <input type="checkbox"/> Licensed Center | <input type="checkbox"/> Licensed Group Child Care Home | <input type="checkbox"/> Licensed Family Child Care Home |
| <input type="checkbox"/> Registered Family Child Care Home | <input type="checkbox"/> Licensed Church Sponsored | <input type="checkbox"/> Registered Church Sponsored |
| <input type="checkbox"/> Approved Public/Head Start | | |

Section 1-B: This section to be completed by DSS regional licensing staff ONLY.

<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> License <input type="checkbox"/> Approval <input type="checkbox"/> Registration	License No.: _____
License Capacity: (Total) _____ (Infants) _____	Buildings #1: _____ #2: _____ #3: _____
License Status and Expiration Date: _____	Approved for Overnight Care:
Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No USDA: _____	ABC: _____ Level: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Section 2: Other Child Care Programs

1. Would you like to be provided information about the ABC Child Care Program? ☐ Yes ☐ No
2. Would you like to be provided information about the USDA Food Program? ☐ Yes ☐ No
(If yes, please answer the following questions.)
3. Provide the contact information for the person who has been designated as the responsible USDA Food Program Representative:
Name: _____ Telephone: _____ Fax: _____
Mailing Address: _____
4. Is the facility you are applying for a non-residential facility? ☐ Yes ☐ No
5. Do your rates include meals and snacks? ☐ Yes ☐ No
6. Please check the method by which meals will be provided:
☐ Prepared at Service Location ☐ Prepared at a Central Kitchen
☐ Provided by Local School System ☐ Prepared by a Food Service Company

I CERTIFY that during the past seven years the applicant has not been disqualified from participating in any other publicly funded program for violating program requirements. I understand that "publicly-funded" programs are any program or grant funded by federal, state or local government.

Initial: _____ **Date:** _____

I CERTIFY that the information on this application, including all attachments, is true to the best of my knowledge; that I will accept final administrative and financial responsibility for total Child and Adult Care Food Program (CACFP) operations at this facility, and that reimbursement will be claimed only for meals served to enrolled participants; that the CACFP will be available to all eligible participants without regard to race, color, sex, national origin, age or disability at this food service facility and that this facility has the capability for the meal service planned for the number of participants anticipated to be served. I understand this information is being given in connection with the receipt of federal funds and deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes.

Initial: _____ **Date:** _____

Please sign below stating that all information is true to the best of your knowledge.

Signature: _____ Date: _____

THE UNDERSIGNED CERTIFIED TO THE FOREGOING FACTS AND TO THE FOLLOWING STATEMENTS:

I understand that Sec. 20-7-2700. et seq., Code of Laws of South Carolina, as amended, states that a child care facility cannot begin to operate until a license, approval or registration has been issued to that facility by the Department of Social Services.

Further, it is my intent to comply with the other regulations applicable to this child care facility which include but are not limited to regulations regarding staff:child ratios and staff coverage, beginning with the first day care is provided to children. I understand it is my responsibility to secure current criminal history background records for all facility staff prior to their employment. I understand that it is my responsibility to report to the Department any changes which affect the status of my child care facility license, approval or registration.

Signature: _____ Date: _____